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DECLARATION	0010/PTO Rev 6/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	1270
			First Named Inventor	Gregory L. Renda
	COMPLETE IF KNOWN			
			Application Number	
			Filing Date	12/21/2001
			Group Art Unit	
			Examiner Name	

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

System and Method for Providing Access To A Network With Selective Network Address Translation

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on MM/DD/YYYY

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application for which priority is claimed

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto
60/259,356	12/29/2000	
60/290,134	5/10/2001	

DECLARATION

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I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

Firm Name Innovation Partners Payor Number (if applicable)

Name	Registration Number	Name	Registration Number
Charles E. Gottlieb	38,164		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

☒ Please direct all correspondence to. Name Charles E. Gottlieb

Address 540 University Avenue

Address Suite 300

City Palo Alto State CA ZIP 94301

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name Gregory Middle Initial L Family Name Renda Suffix

Inventor's Signature [Signature] Date 12/18/01

RESIDENCE: City Saratoga State CA Country US Citizenship US

POST OFFICE ADDRESS 20280 Thelma Ave.

City Saratoga State CA Zip 95070 Country US Applicant Authority

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, If any:

☐

A petition has been filed for this unsigned inventor

Given Name	Archibald	Middle Initial	L	Family Name	Cobbs	Suffix	
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Inventor's Signature		Date	12/18/01
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RESIDENCE: City	San Carlos	State	CA	Country	US	Citizenship	US
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POST OFFICE ADDRESS 2415 Eaton Ave.

City	San Carlos	State	CA	Zip	94070	Country	US	Applicant Authority	
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Name of Additional Joint Inventor, If any:

☐

A petition has been filed for this unsigned inventor

Given Name	Van	Middle Initial		Family Name	Jacobson	Suffix	
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Inventor's Signature		Date	12/19/01
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RESIDENCE: City	Woodside	State	CA	Country	US	Citizenship	US
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POST OFFICE ADDRESS 12 Skyline Drive

City	Woodside	State	CA	Zip	94062	Country	US	Applicant Authority	
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Name of Additional Joint Inventor, If any:

☐

A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix	
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Inventor's Signature		Date	
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RESIDENCE: City		State		Country		Citizenship	
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POST OFFICE ADDRESS

City		State		Zip		Country		Applicant Authority	
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Given Name		Middle Initial		Family Name		Suffix	
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Inventor's Signature		Date	
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RESIDENCE: City		State		Country		Citizenship	
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POST OFFICE ADDRESS

City		State		Zip		Country		Applicant Authority	
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☐ Additional inventors are being named on supplemental sheet(s) attached hereto